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charge becomes purulent, I advise the following injection :

B. Argenti nit gr. 5.
Aqua dest. oz. 1.

M. Sig.: Inject after urinating, every ten hours, until the discharge becomes purulent. Use a blunt-pointed syringe, holding two drachms. A calomel purge (five grains) may be given with benefit, followed by alkaline diluents and cannabis sativa in small doses for four days. Then the following :

B. Plumbi acet. gr. 20.
Zinc. acet. gr. 12.
Aqua dest. oz. 1.

M. Sig.: Inject four times a day after urinating.

This injection should cause slight burning sensation. If too severe, add half an oz. distilled water. If after using one or two days it cause no smarting at all, increase the plumbi acet. to 24 gr. to the 4 oz. It will be seen that our aim in the first stage is to destroy the more superficial parts of the infected mucous membrane, and in the second, to lessen hyperæmia by astringents. If the penis is red and swollen, with lips of meatus everted, the second formula will afford prompt relief. Nothing will so quickly disperse a chronic gleet. If the prostate is involved, I give fld. ext. saw palmetto one-half teaspoonful every four hours. When the bladder becomes irritable or inflamed, fld. ext. couch grass idr., with 4 drops fld. ext. gelsemium every four hours. Nothing but distilled water should ever be used as the vehicle for the injection.

For gonorrhœa in the woman, the infected parts should be well swabbed with the following :

B. Argenti nit gr. 5.
Aqua dest. oz. 1.

The vagina should be well opened with a speculum before swabbing. Alum, 60 gr. to the oz. of vaseline, may be introduced on a tampon before going to bed. This should be taken out in the morning and the vagina well washed out with warm water.

A PRELIMINARY NOTE ON THE USE OF PHENOL AS A PRESERVATIVE OF DIPHTHERIA ANTITOXIN.

By CHARLES B. FITZPATRICK, M.D.,

NEW YORK.

On the 2d inst., Dr. J. L. Kortright and I had a conversation about the young girl, named Valentine, which he had treated for diphtheria. As is generally known, he administered antitoxin, and the patient died in about three minutes.¹ Immediately after the injection, a "lump" was felt by the patient at the seat of the injection; this was followed by a general tingling sensation, convulsions, opisthotonos, and cessation of respiration. The autopsy showed a congestion of the brain, meninges, liver, and kidneys. No microscopical examination was made.

In the discussion mentioned we went over a number of the possible causes of the death, and could come to no satisfactory conclusions. Finally, it occurred to me that the above-described symptoms could very well have been caused by carbolic acid. I then described to Dr. Kortright some of my experiences with guinea-pigs which had been poisoned by phenol, and he agreed that it could account for the symptoms. The serum he had used in the Valentine case contained phenol as a preservative.

The second point to decide is: Could a poisonous amount of phenol, by some oversight or accident, have been present in a flask of antitoxin which had been preserved by it? By going over the steps of the tech-

nique it will be seen that such an occurrence might be readily brought about.

After the blood is drawn, it is put in an ice-box. The serum is then drawn off. The usual way is to collect a large quantity, so as to make one test do for as much as possible. The phenol is then added to this serum.

It is a well-known fact that phenol is not readily dissolved in cold aqueous solutions. If it be added to such solutions, even when thoroughly shaken up, it forms a much stronger solution near the bottom, after it has been allowed to settle.

My experience with guinea-pigs, although incomplete, is interesting, and, taken together with the literature, strengthens the probability that phenol caused the death of the Valentine case.

A guinea-pig, weighing 542 grains, received 2 ctm. of a 1 to 40 solution of phenol, subcutaneously. On the third day it developed fairly well-marked opisthotonos and clonic convulsions, which resulted in death in four hours. Autopsy showed congestion of the brain, liver, and kidneys.

At another time, while testing some serum, I was very much put out to find, in a series of tests, that the guinea-pig which had received the largest amount of antitoxin died within twenty-four hours, with convulsions resembling those in the preceding case. I have no doubt now but that this was due to phenol.

I have also produced convulsions in rabbits. Sal-kowski¹ records the same, and death in the midst of a convulsion. In the dog similar symptoms are produced.

In man, Dr. Taylor² records a case in which the man fell unconscious within ten seconds after taking a fatal dose of phenol; two minutes later he was completely unconscious, pulseless, with irregular respiration, and in less than a minute more was dead.

Convulsions may also be present in man. These observations show that if phenol be administered it can cause death, with practically the same symptoms as those were which occurred in the Valentine case.

It is not my intention to give an elaborate treatment of this subject, but just to indicate what would justify a belief in the probability that phenol might have been the cause of death in Dr. Kortwright's case.

In my article "Notes on the Preparation of Diphtheria Antitoxin,"³ I have spoken of the use of phenol as a preservative, when the antitoxin is sufficiently strong to be used in doses of 10 c.c., or approximately that. My present judgment is that, although phenol is the best preservative, it is too dangerous to be used. Camphor answers all the necessary indications.

October 14, 1895.

GOLD SPECTACLES AS A CAUSE OF ASTHENOPIA.

By W. H. BATES, M.D.,

NEW YORK.

< This may be Dr. Bates! Antique Article.

CASE I.—The first case was reported in the MEDICAL RECORD, February 25, 1893. It is so typical that with its further progress it deserves a brief notice here. The patient was a lady, who had worn steel frames for some years. She desired to wear gold spectacles, but could not do so because of the headache and pain in her eyes, produced by the glasses. It was discovered that she could wear the glasses when the gold nose-piece did not touch the skin. A piece of rubber was vulcanized on the under surface of the nose-piece and the patient wore the glasses with comfort. Since then the rubber has worn through from time to time, and the pa-

¹ Pflüger's Archiv., B. V.

² Philadelphia Medical Times, vol. ii., p. 284.

³ New York Medical Journal, April 27, 1895.

¹ Dr. Kortright's article describing this case will appear in an early number of a Brooklyn medical journal.

tient has been compelled to have it replaced. The patient was seen recently, more than three years after the glasses were ordered, and she still wears her gold spectacles with comfort.

CASE II.—The wife of a physician. She complained of headaches and asthenopia. Her general health is good, and she says that she has never been sick. She does not impress one as being hysterical. The vision of both eyes is $\frac{2}{3}$.

September 25, 1894.—Under homatropine hydrobromate, three per cent. solution: Right eye with + 1.5 D.S. = $\frac{2}{3}$; left eye with $\times 1.25$ D.S. = $\frac{2}{3}$. These glasses were ordered in steel frames, to be worn all the time.

November 2d.—The patient is relieved of her headaches from wearing the glasses constantly. She now obtained gold frames. Her headaches returned at once. If a piece of paper was placed under the nose-piece, preventing the gold from touching her nose, she had no discomfort from the glasses. The optician fastened a piece of cork on the nose-piece to prevent the gold from touching the skin. Headaches occurred as usual. A careful examination of the frames, while worn by the patient, showed that the cork did not prevent contact of the gold with the nose. A piece of rubber was vulcanized on the under surface of the nose-piece of the gold frames, which prevented the gold from coming in contact with the skin. The patient was able to wear the gold spectacles with relief to her headaches and asthenopia.

CASE III.—Mrs. G—, aged thirty-three, has suffered from headaches and asthenopia for several years. Her general health is poor. Under three per cent. solution homatropine, May 16, 1894, her refraction was as follows: O.D. + 1.5 D.S. \ominus + 0.5 D.C. 60°. O.S. + 1.5 D.S. \ominus + 1.25 D.C. 90°. These glasses were ordered in steel spectacle-frames for constant wear. Her headaches and asthenopia were relieved. In the following September she obtained gold spectacles. She was unable to wear them because the pains in her eyes and head produced by the glasses were too severe. After having a piece of rubber vulcanized on the under surface of the nose-piece, thus preventing contact of the gold with the skin, the patient was able to wear the gold spectacles.

CASE IV.—Miss W—, aged twenty-eight, has suffered from asthenopia for several years. She had also blepharitis and chronic conjunctivitis. Under homatropine her refraction, October 8, 1894, was: O.D. + 1.0 D.S. \ominus + 0.75 D.C. 45°. O.S. + 0.5 D.S. \ominus + 0.5 D.C. 120°. These glasses were ordered and worn in steel frames with relief to all her symptoms. About Christmas-time she was presented with a pair of gold frames. She was unable to wear the gold frames because of the severe pain which began in both eyes as soon as the glasses were worn. Wearing the gold frames also increased the redness of the edges of the eyelids and made the eyes stream tears. The patient returned to find out if her glasses were all right. She was anxious to wear the gold frames. In order to determine if the gold frames caused the trouble, a piece of paper was placed under the nose-piece, preventing contact of the gold with the skin of the nose. She now felt all right, wearing the gold frames. With a note to the optician she hurried down town to have her gold frames fixed. The optician placed tortoise-shell on the under surface of the nose-piece to prevent contact of the gold with the skin. The patient felt better than with the gold frames, but they were still troublesome. An examination showed that the tortoise-shell was held fast by metallic pins, which may have caused the trouble. Vulcanized rubber was substituted and the patient was able to wear the gold spectacles with comfort.

Summary.—1, Steel spectacles relieved; 2, gold spectacles could not be worn; 3, gold spectacles with the gold not in contact with the skin, relieved.

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OUR LONDON LETTER.

(From our Special Correspondent.)

HOSPITAL NURSES—THE LATE SUMMER PUBLIC HEALTH—CHARGE OF MANSLAUGHTER—DIFFICULTIES FROM INFECTIOUS HOSPITAL OVERCROWDING—MR. ERNEST HART'S STATEMENTS—REPUDIATION FROM MADRAS.

LONDON, September 28, 1895.

THE correspondence on "White Slaves in Hospitals" still goes on, and excites as much interest as can be expected. Many grievances have been named which must fall heavily on the nurses, and after the exposure which has taken place managers must move or the charities will suffer. Surprise is here and there expressed that the nurses do not themselves complain, but the truth is they dare not. The rule of the matron or secretary is absolute, and often these officials are not fit for their post. The matron may be an experienced nurse but unrefined, a housekeeper without the tact or knowledge required to provide an appetizing but economical diet. Even when a lady occupies the position her rule is despotic, and she is apt to forget that some at least of those under her are of equal social position, and often better educated. An appeal to the Board is, I know, almost always hopeless, and results in dismissal with a view of maintaining discipline. The Boards of Management have now had warning. The public requires them to maintain justice as well as discipline. It is admitted on every hand that the women who take to nursing are very easy to manage, as they expect to sacrifice many comforts. They are certainly prepared to endure every hardship incidental to their vocation, but that is no reason why Boards should increase those hardships by neglecting their own duties of supervision, and committing undue authority to any one they cannot or will not control.

No doubt the question of finance will come before these Boards. Let them remember that economy does not consist in buying inferior food for nurses, or in arranging a dietary which is not nutritious. The question of long hours is more serious, as a great increase of the staff would be costly. But it will never pay to knock up the nurses by overwhelming them with work, and the numerous women one meets who have broken down under the strain proves the real urgency of the grievance.

We are enjoying or enduring—according to the temperament—a period of prolonged fine weather and almost unparalleled heat for this time of year.

In town it is oppressive, but in the country delightful, though in the full sunshine it is too hot for many. In the early mornings and evenings I have experienced nothing like it for many years.

The health of both London and country continues good. There was a slight rise of mortality in London last week, but only to sixteen per one thousand, and in other towns the returns were as favorable, while Croydon only registered nine. There is an increase of scarlet fever in some districts, and diphtheria maintains its hold.

A sad case of death in parturition has occurred, and resulted in the arrest of the doctor in attendance on a charge of manslaughter from neglect or recklessness. At the inquest it was alleged that he was intoxicated, but other statements were that he was ill and had taken chloral. He had been in practice some thirty years, and had attended over five thousand labors. He will have to stand a trial, when perhaps it will be shown that the preliminary investigation is incomplete.

An incident at the East End last week seems to point to the need of some further supervision of cases of in-